

## ROUTING AND RECORD SHEET

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STATSUBJECT: (Optional)  
Annual Occupational Safety and Health Report

FROM:		EXTENSION	NO.
DD/PTAS/OS			
			DATE

TO: (Officer designation, room number, and building)	DATE		OFFICER'S INITIALS	COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)
	RECEIVED	FORWARDED		

1. D/Logistics	4 FEB 1982	D	
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**Administrative - Internal Use Only**

MEMORANDUM FOR: Director of Logistics

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FROM:

Deputy Director of Security  
Physical, Technical and Area Security

SUBJECT: Annual Occupational Safety and Health Report

1. The Occupational Safety and Health Act and Executive Order 12196 require that the head of each Federal Agency submit to the Secretary of Labor an annual report concerning the Agency's safety and health program.

2. Attached is a questionnaire for the annual report for CY 1981 which was received from the Secretary of Labor.

3. Please complete the questionnaire, with exception of questions 2, 3 and 4, applying the questions to your personnel and areas and return it to this office by 1 March 1982. A final report will be prepared by the Safety Group.

4. Please contact the Safety Group on extension  if you have any questions regarding this matter.

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Attachment

OS 2 5044

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ATTACHMENT

GUIDELINES  
FOR  
FEDERAL AGENCIES ANNUAL REPORT  
TO THE  
SECRETARY OF LABOR  
ON  
OCCUPATIONAL SAFETY AND HEALTH

INTRODUCTION AND PURPOSE: The Occupational Safety and Health Act of 1970, Executive Order 12196, and 29 CFR 1960 contain provisions requiring Federal agencies to submit reports on their occupational safety and health programs annually. OSHA, in turn, must prepare a summary of the reports for the Secretary of Labor's transmittal to the President. The President then forwards the report to the Congress. The purpose of the report is to inform the President and the Congress about the status of working conditions for Federal employees in general, and about progress individual agencies have made in improving conditions for their employees. In addition, agency annual reports will be reviewed by OSHA on-site evaluators prior to their preparation of individual agency evaluation plans.

OSHA must issue guidelines to agencies for preparation of their annual reports. The following information describes how you should prepare your annual report for calendar year 1981. We are requesting that you submit the information in a specific format so that uniform information may be gathered from all agencies. Because of the diversity among agencies, data will not be used to compare agencies. However, it will be combined to present a "picture" of safety and health in the Federal government over time.

General Information: The enclosed annual report format has been designed to assist you in providing OSHA with the information necessary to understand the context, design, operation, accomplishments and direction of your agency's occupational safety and health (OSH) program.

In general, the information to be provided in the report will be of two types: description of the program and self-evaluation of the program's implementation.

Your agency's completed report should include the following:

- \* Completion of the enclosed questionnaire
- \* A copy of your agency's Occupational Safety and Health Policy Statement
- \* A copy of your agency's organizational chart showing the placement of the agency OSH staff (Division, Office, Branch, etc.) at the headquarters level.
- \* The name and telephone number of the individual to contact regarding the report.

Submit to: Submit the completed report no later than April 1,

1982 to:

U.S. Department of Labor  
Occupational Safety and Health Administration  
Office of Federal Agency Programs  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

Questions concerning preparation of the report may be directed to Mrs. Barbara Markham; phone 376-2001.

AGENCY ANNUAL REPORT  
CY

NAME AND ADDRESS OF  
PRIMARY AGENCY OR  
DEPARTMENT IN THE  
REPORT

OTHER COMPONENTS INCLUDED  
IN THE REPORT AND COVERED  
BY THE PROGRAM DESCRIBED  
IN THIS REPORT \*

\* In order for the information in this report to be useful for statistical purposes, it is necessary that a separate report be prepared for each component of the agency which has a substantially different OSH program.

## ADMINISTRATION

YES      NO

1. Has the head of your agency issued a policy statement that
  - a. emphasizes his/her commitment to a safe and healthful workplace? \_\_\_\_\_
  - b. charges all levels of management to be responsible and accountable for the program? \_\_\_\_\_
  - c. requires employee compliance with applicable OSHA and/or Agency standards? \_\_\_\_\_
  - d. has been communicated to all agency personnel? \_\_\_\_\_
  - e. assures employee OSH rights? \_\_\_\_\_
  
2. Does the Designated Agency Safety and Health Official directly supervise the person(s) responsible for managing the agency's OSH program? \_\_\_\_\_
  
3. How frequently does your Designated Safety and Health Official meet or communicate officially with the agency head on safety and health matters?
  - a. At least weekly \_\_\_\_\_
  - b. At least monthly \_\_\_\_\_
  - c. At least quarterly \_\_\_\_\_
  - d. Other \_\_\_\_\_

Meet      Communicate

- a. At least weekly \_\_\_\_\_
- b. At least monthly \_\_\_\_\_
- c. At least quarterly \_\_\_\_\_
- d. Other \_\_\_\_\_

If other, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- a. Daily \_\_\_\_\_
  - b. At least weekly \_\_\_\_\_
  - c. At least monthly \_\_\_\_\_
  - d. At least quarterly \_\_\_\_\_
  - e. Other \_\_\_\_\_

If other, please explain \_\_\_\_\_

5. Who manages your safety and health program? (If you have different individuals for safety and health, list both.)

Name \_\_\_\_\_

**Title** \_\_\_\_\_

6. What is the approximate percent of time this person spends on the program? \_\_\_\_\_

7. Were the financial resources received in CY 1981 adequate for the following purposes?

	<u>YES</u>	<u>NO</u>
a. Occupational safety and health personnel	_____	_____
b. Training	_____	_____
c. Inspections/Evaluations	_____	_____
d. Personal Protective Equipment	_____	_____
e. Abatement	_____	_____
f. Program promotional items	_____	_____
g. Medical surveillance program for employees	_____	_____
h. Safety and health sampling, testing, laboratory and analytical equipment	_____	_____
i. Technical information, documents, periodicals, etc.	_____	_____

8. Provide the total number of full-time safety and health headquarters and field personnel in the following categories as defined in 29 CFR 1960.2(s).

	<u>Hqtrs.</u>	<u>Field</u>
a. Safety Professionals (GS-018, 019, 081, 803, 804, 1815, 1825, 2125 etc.*)	_____	_____
b. Health Professionals (GS-602, 610, 645, 690, 699, 1306, 1311, 1320, etc.*)	_____	_____

\*Or equally qualified military, agency, or non governmental personnel

9. Provide the total number of part-time (collateral duty) safety and health headquarters and field personnel.

	<u>1. Total number</u>	<u>2. Approximate full-time equivalent</u>
a. Headquarters personnel	_____	_____
b. Field personnel	_____	_____

Column 2 equals % of column 1 in full-time equivalency.

#### PLANNING

- |   | <u>YES</u>              | <u>NO</u> |
|---|-------------------------|-----------|
| 10. Have safety and health program goals and objectives been established?   | _____                   | _____     |
| 11. What were the <u>primary</u> occupational safety and health program goals planned and achieved during Calendar Year 1981?<br>(Briefly List) | <hr/> <hr/> <hr/> <hr/> |           |

12. What primary occupational safety and health program goals were planned and not achieved during Calendar Year 1981?  
(Briefly List)

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13. How often are your goals and objectives reviewed?

- a. Monthly \_\_\_\_\_
- b. Quarterly \_\_\_\_\_
- c. Semiannually \_\_\_\_\_
- d. Annually \_\_\_\_\_
- e. Other \_\_\_\_\_

YES      NO

14. Are your OSH goals and objectives included in your agency's quarterly review system (management by objectives - MBO's, program execution plan - PEP) or other similar system?

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GOALS AND OBJECTIVES FOR CY 1982

15. Briefly list your primary goals planned for Calendar Year 1982.

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16. To what extent are planning factors a. through f. listed below used in planning for the program elements listed in the right hand columns?  
 (N = Never; R = Rarely; S = Sometimes; F = Frequently; and A = Always).

PLANNING FACTORS	PROGRAM ELEMENTS				
	INSPECTIONS	TRAINING	INFORMATION	BUDGET AND STAFFING	ABATEMENT PRIORITIES
					OTHER
a. Injury and illness incidence data.					
1. Lost workday cases					
2. Total cases					
b. Injury and illness (OWCP) cost data					
c. Recognized hazard data					
d. Employee reports of unsafe and unhealthful working conditions					
e. Recommendations of employee representatives					
f. Other:					

17. Have any special in-depth studies of specific hazards been conducted by your staff or by outside consultants within the past year?

Yes  NO

If yes, briefly describe. \_\_\_\_\_

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## MEASURES EMPLOYED TO MITIGATE INJURY AND ILLNESS IMPACTS

18. Please complete the following table. In Section I, enter the approximate % of employees and the appropriate letter H, M, or L for current priority (H = High, M = Moderate, L = Low or none). In Section II, place an "X" in the appropriate portion of the table for each of the items a. through h. to indicate whether the particular countermeasure shown is being used to mitigate the impact of the injury or illness category.

TYPE OF OCCUPATIONAL INJURY OR ILLNESS (As defined on OSHA Form No. 100F)	SECTION I		SECTION II						
	% OF EMPLOYEES, PO- TENTIALLY SUBJECT TO TYPE INJURY/ILL.	CURRENT PRIORITY	TRAINING	WORKPLACE ABATEMENT	INFORMATION CAMPAIGN	DEVELOPMENT OF NEW STANDARDS	RULES AND REGULATIONS	FREQUENT INSPECTIONS	OTHER
a. Traumatic Injuries									
b. Occupational Skin Diseases or Disorders									
c. Dust Diseases of the Lungs (Pneumoconioses)									
d. Respiratory Conditions Due to Toxic Agents									
e. Poisoning (Systemic Effects of Toxic Materials)									
f. Disorders Due to Physical Agents (Other than toxic materials)									
g. Disorders Due to Repeated Trauma									
h. All Other Occupational Illnesses (list as desired)									

19. The following is a list of procedures your agency may have developed and communicated to safety and health personnel at field establishments, to supervisors, and to employees. Please indicate by an (X) the extent of development and communication.

Procedure	DEVELOPED	FORMALLY COMMUNI-CATED TO FIELD OSH STAFF	COMMUNICATED TO ALL SUPERVISORS	COMMUNICATED TO ALL EMPLOYEES
<ul style="list-style-type: none"> <li>a. For abatement of hazards when other agencies are involved.</li> <li>b. For employees to participate in OSH activities on official time.</li> <li>c. For employees exclusive of any negotiated procedure, to report hazardous conditions, including time limits on action, notification to reporting employee; and inspection.</li> <li>d. To assure that employees are not subject to restraint, reprisal, or coercion for exercising OSH rights.</li> <li>e. To maintain log of injuries and illnesses at each working location.</li> <li>f. For issuing alternate and/or supplementary standards.</li> <li>g. For resolving conflicting standards.</li> <li>h. To permit entry of inspectors to classified areas.</li> <li>i. For issuance of notice of unsafe conditions within 30 days.</li> <li>j. For abatement and follow-up.</li> <li>k. For evaluating performance of personnel with OSH duties.</li> </ul>				

20. How are employees notified about their occupational safety and health rights and responsibilities? (Check as many of the following as appropriate).

- a. poster \_\_\_\_\_
- b. administrative directive \_\_\_\_\_
- c. routine part of new employee orientation procedures \_\_\_\_\_
- d. periodic publications \_\_\_\_\_
- e. no formal methods employed \_\_\_\_\_
- f. other (list): \_\_\_\_\_

21. How many of the following methods are routinely used to provide additional occupational safety and health information? (Check as many as appropriate).

- a. posters \_\_\_\_\_
- b. newsletter \_\_\_\_\_
- c. memoranda \_\_\_\_\_
- d. pamphlets \_\_\_\_\_
- e. none \_\_\_\_\_
- f. Other (list): \_\_\_\_\_

YES NO

22. Does your agency have safety and health committees? If yes, answer questions 23 through 28. If no, move on to the section on Field Councils.

23. How long have most of your safety and health committees been in operation?

- a. \_\_\_\_\_ Less than one year
- b. \_\_\_\_\_ 1 - 2 years
- c. \_\_\_\_\_ 3 - 4 years
- d. \_\_\_\_\_ 5 - 6 years
- e. \_\_\_\_\_ 7 years or more

24. What is the typical membership of your committees?

- a. approximate percent of management representatives \_\_\_\_\_
- b. approximate percent of safety and health specialists \_\_\_\_\_
- c. approximate percent of employee members \_\_\_\_\_
- d. approximate percent of employee representatives \_\_\_\_\_

25. What is the total number of safety and health committees in your agency? \_\_\_\_\_

26. How often do committees conduct meetings?

- a. At least weekly \_\_\_\_\_
- b. At least monthly \_\_\_\_\_
- c. At least quarterly \_\_\_\_\_
- d. At least annually \_\_\_\_\_

YES      NO

27. Are written minutes of meetings taken? \_\_\_\_\_

If yes, are they forwarded to the agency headquarters? \_\_\_\_\_

If written minutes are not taken, is a formal report of issues and recommendations prepared? \_\_\_\_\_

If yes, to whom is it submitted?  
\_\_\_\_\_  
\_\_\_\_\_

Is there a formal follow-up procedure? \_\_\_\_\_

28. How effective would you say most of your safety and health committees have been in performing the following functions?

	Not Effective	Generally Ineffective	Somewhat Effective	Very Effective
a. Identifying hazardous conditions	_____	_____	_____	_____
b. Communicating OSH problems to management	_____	_____	_____	_____
c. Increasing safety consciousness in the workplace	_____	_____	_____	_____
d. Reducing accident rates	_____	_____	_____	_____
e. Improving health conditions	_____	_____	_____	_____
f. Finding solutions to S & H problems that are discovered	_____	_____	_____	_____

YES      NO

29. Does your agency have a formal policy specifically encouraging participation in Field Federal Safety and Health Councils? (If yes, please attach a copy).

\_\_\_\_\_

30. Has the policy been communicated to all agency subunits and field establishments?

\_\_\_\_\_

31. Have official (management and non-management) representatives to Field Councils been appointed by their activity head?

\_\_\_\_\_

## TRAINING

32. Has your agency developed safety and health training policy and procedures for the target populations listed below? (If yes, indicate the percent of the population trained in CY 1981)

	<u>Primary Training</u>			<u>Refresher</u>		
	Yes	No	Percent	Yes	No	Percent
a. New employees	—	—	—	—	—	—
b. Employees assigned to operate "new" equipment	—	—	—	—	—	—
c. Employees assigned to "new/different" tasks	—	—	—	—	—	—
d. Employees in high risk jobs	—	—	—	—	—	—
e. Top management officials	—	—	—	—	—	—
f. Supervisors	—	—	—	—	—	—
g. Safety and health personnel	—	—	—	—	—	—
h. Safety and health inspectors	—	—	—	—	—	—
i. Collateral duty safety and health personnel	—	—	—	—	—	—
j. Occupational safety and health committee members	—	—	—	—	—	—
k. Employee representatives	—	—	—	—	—	—
l. Other employees	—	—	—	—	—	—

YES      NO

33. Has your agency conducted training courses during the report year to address special or unique problems identified in your agency?  
 If yes, please list these courses.  
 (Attach additional pages as necessary.)

<u>Course Title</u>	<u>Course Objective (ident. problems)</u>	<u>Trainee Classification</u>	<u>Number attendees</u>	<u>Number hours</u>
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34. If you developed or used training materials during the report year that you think would be helpful to others, please list below. (Attach additional pages as necessary.)

<u>Subject Matter</u>	<u>Intended audience</u>	<u>Type of Training Material (film, slides, text)</u>
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## INSPECTIONS

YES    NO

35. Does your agency conduct formal inspections as defined in 29 CFR 1960.2(k), of all areas and operations of each workplace and office? \_\_\_\_\_
36. Where there is an increased risk of accidents, injuries or illnesses, how frequently do you conduct formal inspections?
- a. Daily \_\_\_\_\_
  - b. Weekly \_\_\_\_\_
  - c. Monthly \_\_\_\_\_
  - d. Other \_\_\_\_\_
37. How frequently are all other areas/operations of your agency formally inspected?
- a. Monthly \_\_\_\_\_
  - b. Quarterly \_\_\_\_\_
  - c. Semiannually \_\_\_\_\_
  - d. Annually \_\_\_\_\_
  - e. Other \_\_\_\_\_
38. Provide an estimate of the percent of your agency's workforce working in areas in which at least one periodic inspection was conducted per year. \_\_\_\_\_ %
39. Provide the approximate percent of formal inspections conducted by trained OSH professionals in the past CY. \_\_\_\_\_ %
40. Provide the approximate percent of formal inspections conducted by supervisors or others in the past CY. \_\_\_\_\_ %
41. What was the approximate percent of unsafe or unhealthful working conditions abated within the inspection report deadline in the past CY? \_\_\_\_\_ %

42. What was the approximate percent of imminent danger situations abated within the inspection report deadline within the past CY.

SELF-EVALUATIONS

43. Describe your Agency's program of self-evaluation. Outline the procedure(s) utilized, list types of data and how collected, and indicate who conducted the evaluation (e.g., OSH staff, I.G. staff, private contractor, another organizational unit within the agency, etc.) Attach additional pages as necessary.

44. Describe the results of your self evaluation. Your discussion should assess the degree to which your agency has implemented the requirements of Executive Order 12196, the quality of the agency program, and any failures to meet program requirements. It should also include a description of your agency's progress in meeting its goals and objectives and include any unusual program accomplishments during the year. If applicable, describe unusual problems encountered and the results of any innovative means your agency employed to address those problems. (Attach additional pages as necessary.)

45. What changes in the agency's program have been proposed, approved and implemented as a result of the evaluations. Indicate the status of each. (Attach additional pages as necessary.)